				REEMENT, CERT	IFICA	TION	OF TRA	AINING AND	REIMBURSE		
<ul> <li>A. Agency code and subelement office number (xx-xx-xxxx)</li> </ul>	it, and submittir			ment number 'FY, Doc./ type code/ Se	rial numb	er)	C. Requ	est Status or Proce	ss Code (X one)	D. Ame	endment No.
							(1	) Initial	(2) Resubmission	on	
								3) Correction	(4) Cancellation	ı	
Name (Last, First, Middle Initial	o/)			A - TRAINEE / AF 1st 5 letters of last name			ORMAT cial Securit		4. Ed. level	E Cont	tinuous Fodoral Suo
1. Name (Last, First, Middle IIIII)	di)		2.	15t 5 letters of last flam	ť	3. 300	Jai Securit	y Number	4. Ed. level	a. Year	tinuous Federal Svc s b. Months
6. Home Address (Street, City, S	State and ZID Co	do) (antional)	_				8. Positio	on Title			
o. Home Address (Street, City, 3	nate and zir co	de) (optional)		Phone Numbers (Include	area cod	e)	o. Fositio	on mie			
				Home					Tao Barable	- / 6 / 6	
11 Ornanization Name			b.	Office				on Level (X one)		n / Series / G ' MOS / AFSC	rade / Step :/or Navy Designator)
11. Organization Name			(1)	Commercial				a. Executive			
10.0.1.11.111.111	(1 1 710)		(2)	Autovon			k	o. Manager	44 7	I de N	
12. Organization Mailing Address	(Include ZIP)		_	Organization UIC	, ,		C	c. Supervisory	14. Type of Appointmen		prior non-govern- nt training days
			16.	Are you handicapped or disabled? (X one)		Yes	C	d. Non-Supervisory			
						No		e. Other (Specify)			
<u> </u>			(	Section B - TRAINI	NG CO	URSE I	DATA				
17. Course Title											
18. Training Objectives (Benefits	to be derived b	y the Governme	ent)				19. Reco	mmended Training	Source, School or	Facility	
							a. Name				
							b. Mailin	g address (Include .	ZIP)		
20. Course Codes							c. Location	on of training site (	If other than 19b)		
a. Purpose	f. Security Cl	earance		k. Training Program							
b. Type	g. Allocation	Status		I. Reason for Selectio	n		21. Cours	se hours (4 digits)	22. Course Ident	tifiers	
c. Source	h. Priority			23. Training Period (Y	YMMDD)		a. Duty		a. SAID		
d. Special Interest	i. Training Lev	/el		a. Start			b. Non-d	uty	b. Catalog / Cou	rse No.	
e. Training Vendor	j. Method of	Training		b. Complete			c. TOTA	L	c. Offering / TLN	ı	
	Sect	ion C - COS	T INFO	RMATION (Costs in	curred an	d billed a	re not to e	exceed amount in it	em 30.)	<u>'</u>	
24. If training does not involve ex				·							
25. Direct Costs				information only)			Classificat				
a. Tuition cost		a. Travel cost		3.							
b. Books, material, other costs		b. Per diem/o	ther costs								
c. Total direct costs		c. Total indire	ct costs								
d. Funding source		28. Labor Co			29. Sig	nature of	f Fiscal Off	ficer (Follow local p	rocedure)	30. Tot	al of Direct & irect Costs
31. Job Order No.		28. Labor Co	SIS		Ĭ					Indi	irect Costs
31. Job Order No.		Soct	ion D -	APPROVAL / CON	CLIDDE	NCE /	CEDTIE	ICATION			
32. Supervisor: I certify training in (If not, attach waiver.)	s job related an							tify this training me	oto rogulatory rogu	uiromonto	
(If not, attach waiver.)  a. Typed Name (Last, First, Middl				(Include area code)				, Middle Initial)			nclude area code)
a. Typod Hamo (Edst, Thist, Hillan	o minary	2.111011	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	modulo di ca ocaci	а. Туро		(2001) / #01	, madio milay	2	no nambor (m	iolado aroa ocas,
c. Signature & Title				d. Date	c. Signa	ature & 1	Γitle				d. Date
· ·											
34. Authorizing Official					35 Cc.	ireo Acc	ontanco /	To be completed by	school official)		
a. Action (X one)	(1) /	pproved		(2) Disapproved	35. CO	a. Accer	-	c. School Offici			d. Date
b. Typed Name (Last, First, Middl			e number	(Include area code)			Accepted		3		
, , , ,	,			,	26 Co			o be completed by	school official)		
d. Signature & Title				e. Date			•	leted, X this box,		al Completion	n c. Grade
				0. 2010	leave	e this sec	ction blank	, and return this		(YYMMDD)	
37. Billing Instructions (Identify d	iscount terms	%		days )		ature & 7		n memo.			e. Date
Furnish original invoice and 3		70		days.)	u. o.g	ara, o a .					0. 24.0
					38. Cer	tifying G	overnment	t Official			
								nt is correct and	\$		
							yment in th	ne amount of:	<b>~</b>		
					b. Signa	ature				c. Date	Signed
					d. DSSI	N Numbe	er	e. Check Numb	er	f. Vouch	ner Number
TRAINING FACILITY: Invoice sho	uld be sent to o	ffice indicated in	item 37.	Please refer to standard	docume	nt numbe	er given in	item B at top of pa	ge to assure prom	pt payment.	

REQU	Jest, authorizat	TION, AGREEMENT	, CERTIFICATIO	n of training and	) reimbursemi	ENT
				C. Request Status or Pro	cess Code (X one)	
				(1) Initial	(2) Resubmission	
				(3) Correction	(4) Cancellation	
1. Name (Last, First, Middle Ini	itial)		3.	Social Security Number		
				O. Daalilan Lauri (V. ana)	10 Pay Plan / 9	Series / Grade / Step
11. Organization Name				9. Position Level (X one)		S / AFSC /or Navy Designator)
11. Organization Nume				a. Executive (K)		
				b. Manager (K)		
				c. Supervisory (6		
				d. Non-Superviso		
				e. Other (Specify	)	
17. Course Title						
				19. Recommended Training	ng Source, School or Fac	ility
				a. Name		
				d. Salary	e. Pay Basis	f. Sex
				_		
				g. Career Program	h. Minority Group	i. Employing UIC
				_		
20. Course Codes						
a. Purpose	f. Security Clearance	k. Training Pr	ogram	_		
b. Type	g. Allocation Status	I. Reason for		21. Course hours (4 digits,	) 22. Course Identifier	S
c. Source	h. Priority		Period (YYMMDD)	a. Duty	a. SAID	-
d. Special Interest	i. Training Level	a. Start	(171111122)	b. Non-duty	b. Catalog / Course i	No.
e. Training Vendor		b. Complete		c. TOTAL	c. Offering / TLN	10.
e. Training Vendor	j. Method of Training	b. Complete		C. TOTAL	C. Offering / TEN	
	•					
25. Direct Costs		ect Costs (For information on	ly)			
a. Tuition cost	a. Travel co					
b. Books, material, other costs	b. Per diem	n/other costs				
c. Total direct costs	c. Total inc	direct costs				
d. Funding source						
			2/ Cauras /	Completion (To be completed b	u aabaal afficial)	
			36. Course C	Completion (10 be completed b	b. Actual Co	ompletion c. Grade
					Date (YY)	
						IF BLANK PUNCH
						22b.
Card No. 1						
50.0.10.1						
Card No. 2						
Card No. 3						

	REQUE	ST. AUTH	ORIZAT	ION, AG	REEMENT, CER	TIFIC	ATION	OF TRA	AINING AND	REIN	IBURSEM	ENT	
A. Agency code and	l subelement		g B. S	andard docu	ment number			1	est Status or Proce			D. Amendn	nent No.
office number (xx	(-xx-xxxx)		(0	Org identifier/	FY, Doc./ type code/ S	erial nui	nber)	<u> </u>	) Initial		Resubmission	-	
									3) Correction	-+	Cancellation		
				Section	A - TRAINEE / A		ANT INI		•	(4)	Sanccilation		
Name (Last, First, I	Middle Initia	al)			1st 5 letters of last nar			cial Securit		4	. Ed. level	5. Continue	ous Federal Svc
(, ,,		/							,			a. Years	b. Months
6. Home Address (Str	reet City S	tate and 7IP Co	de) (ontiona	() _	D			8. Positio	n Title				
o. Home Address (511	cci, city, 3	tate and zir co	ас) (орнона		Phone Numbers (Includ	e area c	ode)	0. 1 03iti	on thie				
				a.	Home								
				b.	Office			9. Positio	on Level (X one)	1	<ol><li>Pay Plan / (Rank / MC</li></ol>		e / Step Navy Designator)
11. Organization Name	e			(1)	Commercial			8	a. Executive				
				(2)	Autovon			k	o. Manager				
12. Organization Mailir	ng Address	(Include ZIP)		13.	. Organization UIC			(	c. Supervisory		4. Type of ppointment		r non-govern- aining days
				16.	Are you handicapped		Yes	C	d. Non-Supervisory				. 3 , .
					or disabled? (X one)		No	6	e. Other (Specify)				
					Section B - TRAIN	ING C	OURSE	DATA					<b>■</b>
17. Course Title													
18. Training Objectives	s (Benefits	to be derived b	y the Goveri	nment)				19. Reco	mmended Training	Source	. School or Fa	cility	
											,	,	
								a. Name	g address (Include	7IP)			
								b. Walling	g dddress (meidde	<i></i>			
										/IE - H	H 10h)		
20. Course Codes	1							c. Location	on of training site (	ır otner	tnan 19b)		
a. Purpose		f. Security Cl	earance		k. Training Program								
b. Type		g. Allocation	Status		Reason for Selecti	on		21. Cours	se hours (4 digits)		ourse Identifie	rs	
c. Source		h. Priority			23. Training Period (	YMMD	D)	a. Duty		a. SA	ID		
d. Special Interest		i. Training Le	/el		a. Start			b. Non-d	uty	b. Cat	talog / Course	No.	
e. Training Vendor		j. Method of	Training		b. Complete			c. TOTA	L	c. Off	ering / TLN		
		Sect	ion C - C	OST INFO	RMATION (Costs i	ncurred	and billed	are not to e	xceed amount in it	em 30.)	)		
24. If training does not	t involve ex	penditure of fur	nds other tha	ın salary, pay	or compensation, skip	the rem	ainder of q	uestions in	Section C and X th	nis box		$\rightarrow$	
25. Direct Costs			26. Indired	ct Costs (For	information only)	27. /	Accounting	g Classificat	ion			•	
a. Tuition cost			a. Travel o	cost									
b. Books, material, oth	ner costs		b. Per dier	n/other costs									
c. Total direct costs			c Total in	direct costs									
						29. 3	Signature o	of Fiscal Off	icer (Follow local p	rocedur	re)	30. Total o	f Direct & Costs
d. Funding source			28. Labor	Costs		-	J		,		,	Indirect	Costs
31. Job Order No.				5	***********	IOLIDI	SENIOE I	OFFICE	0.4.710.11				
22 Supervisor: Learti	fu training is	s inh related an			APPROVAL / COI								
32. Supervisor: I certin (If not, attach wait									tify this training me	ets reg	, ,		
a. Typed Name (Last, I	First, Middle	e Initial)	b. Ph	one number	(Include area code)	a. Ty	ped Name	(Last, First	, Middle Initial)		b. Phone r	number (Includ	de area code)
					1								1
c. Signature & Title					d. Date	c. Si	gnature &	Litle					d. Date
34. Authorizing Officia	al					35. (	Course Aco	ceptance (T	To be completed by	school /	official)		
a. Action (X one)	<b>→</b>	(1) A	pproved		(2) Disapproved		a. Acce	epted	c. School Offic	ial Signa	ature		d. Date
b. Typed Name (Last,	First, Middle	e Initial)	c. Ph	one number	(Include area code)		b. Not	Accepted					
						36. (	Course Co	mpletion (To	be completed by	school d	official)		
d. Signature & Title					e. Date				leted, X this box,		b. Actual C		c. Grade
								ection blank n explanatio	, and return this		Date (Y	YMMDD)	
37. Billing Instructions	(Identify di	scount terms		%	days.)		gnature &						e. Date
Furnish original inv	voice and 3	copies to:			,								
						38. (	Sertifying (	Government	Official				
									nt is correct and		\$		
								ayment in th	ne amount of:		· ·		
						b. Si	gnature					c. Date Sigr	ned
									T				
						d. D	SSN Numb	er	e. Check Numb	er		f. Voucher I	Number
	Invoice shou	uld be cent to e	ffice indicate	d in item 37	Please refer to standa	d docur	ment numb	er given in	item B at top of pa	ge to as	ssure prompt r	navment	

	ST, AUTHO	DRIZATION	i, agreen	IENT, CER	TIFICAT	TION (	OF TRA	INING AND	REIMBL	JRSEME	ENT	
<ul> <li>A. Agency code and subelement, office number (xx-xx-xxxx)</li> </ul>		B. Standa	rd document nu					st Status or Proce			D. Amendm	ient No.
office fluffiber (xx-xx-xxxx)		(Org Id	entiner/ F1, Do	L./ Type Code/ 3	eriai riurribe	:1)	(1)	Initial	(2) Resul	bmission		
							(3)	Correction	(4) Canc	ellation		
		S	ection A - T	RAINEE / A	PPLICAN	IT INF	ORMATIO	ON				•
1. Name (Last, First, Middle Initial,	)		2. 1st 5 le	tters of last nar	ne	3. Soc	ial Security	Number	4. Ed	d. level	a. Years	b. Months
6. Home Address (Street, City, Sta	ate and ZIP Cod	e) (optional)	7. Phone i	Numbers (Includ	le area code	e)	8. Position	n Title				
			a. Home									
			b. Office				9. Position	Level (X one)			eries / Grade	
11. Organization Name			(1) Comme	rcial			a.	Executive	(	(Rank / IVIO:	S / AFSC /OF	Navy Designato
			(2) Autovo	on			b.	Manager				
12. Organization Mailing Address	(Include ZIP)		13. Organi	zation UIC			C.	Supervisory		ype of intment		r non-govern- aining days
				u handicapped		Yes	d.	Non-Supervisory		ilitillelit	ment u	illing days
			or disa	bled? (X one)		No	e.	Other (Specify)				
			Sectio	n B - TRAIN	ING COL	JRSE [	DATA					•
17. Course Title												
18. Training Objectives (Benefits t	to be derived by	the Governmen	t)				19. Recom	nmended Training	Source, Scl	hool or Faci	ility	
							a. Name	3			,	
								address (Include .	ZIP)			
							9	,	•			
							c Location	n of training site (	(If other than	n 10h)		
20. Course Codes			1				C. LUCATION	Tor training site (	ii otrici triai	1 170)		
	f. Security Clea			aining Program								
_	g. Allocation S	tatus		ason for Selecti				hours (4 digits)		e Identifiers	s	
	h. Priority			raining Period ()	YYMMDD)		a. Duty		a. SAID			
	i. Training Leve		a. Sta				b. Non-dut	ty		g / Course N	No.	
e. Training Vendor	j. Method of Tr	aining	b. Co	mplete			c. TOTAL		c. Offering	g / TLN		
	Secti	on C - COST	INFORMA	ΓΙΟΝ (Costs i	ncurred and	l billed a	re not to ex	ceed amount in it	em 30.)			
24. If training does not involve exp	enditure of fund	ls other than sal	ary, pay or com	pensation, skip	the remaind	ler of qu	estions in S	ection C and X th	nis box		<b>→</b>	
25. Direct Costs		26. Indirect Co	sts (For informa	tion only)	27. Acc	ounting	Classificatio	on				
a. Tuition cost		a. Travel cost										
b. Books, material, other costs		b. Per diem/oth	er costs									
c. Total direct costs		c. Total indirect	costs									
d. Funding source		28. Labor Costs			20 Cian							
31. Job Order No.					29. Sigr	ature of	Fiscal Offic	cer (Follow local p	procedure)		30. Total of	Direct &
			•		29. Sigr	nature of	Fiscal Offic	cer (Follow local p	orocedure)		30. Total of Indirect	Direct & Costs
		Section		OVAL / COI					procedure)		30. Total of Indirect	Direct & Costs
32. Supervisor: I certify training is	job related and		on D - APPR	OVAL / COI	NCURRE	NCE /	CERTIFIC	CATION		ory requirem		f Direct & Costs
(If'not, attach waiver.)		nominee meets	on D - APPR prerequisites.		NCURREI 33. Trai	NCE /	CERTIFIC	CATION  fy this training me	eets regulato	, ,	nents.	•
32. Supervisor: I certify training is (If not, attach waiver.) a. Typed Name (Last, First, Middle		nominee meets	on D - APPR		NCURREI 33. Trai	NCE /	CERTIFIC	CATION	eets regulato	, ,	nents.	f Direct & Costs
a. Typed Name (Last, First, Middle		nominee meets	on D - APPR prerequisites. number (Include		33. Trai	NCE / Ining Office of Name (	CERTIFIC icer: I certif	CATION  fy this training me	eets regulato	, ,	nents.	4
		nominee meets	on D - APPR prerequisites. number (Include	area code)	NCURREI 33. Trai	NCE / Ining Office of Name (	CERTIFIC icer: I certif	CATION  fy this training me	eets regulato	, ,	nents.	de area code)
<ul><li>a. Typed Name (Last, First, Middle</li><li>c. Signature &amp; Title</li></ul>		nominee meets	on D - APPR prerequisites. number (Include	area code)	33. Trai a. Typed c. Signa	NCE / ning Offid Name (	CERTIFIC icer: I certif (Last, First,	CATION  fy this training me  Middle Initial)	eets regulato	b. Phone nu	nents.	de area code)
a. Typed Name (Last, First, Middle     c. Signature & Title  34. Authorizing Official	Initial)	b. Phone r	on D - APPR prerequisites. number (Include	area code) d. Date	33. Trai a. Typec c. Signa 35. Cou	NCE / Ining Office In Name (Inture & Tourse Access	CERTIFIC icer: I certif (Last, First, itle	EATION  fy this training me Middle Initial)  Do be completed by	eets regulato	b. Phone nu	nents.	de area code)
<ul> <li>a. Typed Name (Last, First, Middle</li> <li>c. Signature &amp; Title</li> <li>34. Authorizing Official</li> <li>a. Action (X one)</li> </ul>	Initial)	b. Phone r	on D - APPR prerequisites. number (Include	area code)  d. Date  (2) Disapproved	33. Trai a. Typed c. Signa 35. Cou	NCE / Ining Offid Name (Inture & Tourse Acceptal)	CERTIFIC icer: I certif (Last, First, Title eptance (To	CATION  fy this training me  Middle Initial)	eets regulato	b. Phone nu	nents.	de area code)
a. Typed Name (Last, First, Middle     c. Signature & Title  34. Authorizing Official	Initial)	b. Phone r	on D - APPR prerequisites. number (Include	area code)  d. Date  (2) Disapproved	33. Trai a. Typed c. Signa 35. Cou	NCE / Ining Office of Name (Interes of Acceptance)	CERTIFIC icer: I certif (Last, First, ittle eptance (To ted accepted	fy this training me Middle Initial)  be be completed by  c. School Offici	eets regulato	b. Phone nu	nents.	de area code)
<ul> <li>a. Typed Name (Last, First, Middle</li> <li>c. Signature &amp; Title</li> <li>34. Authorizing Official</li> <li>a. Action (X one)</li> <li>b. Typed Name (Last, First, Middle</li> </ul>	Initial)	b. Phone r	on D - APPR prerequisites. number (Include	area code)  d. Date  (2) Disapproved area code)	NCURREI  33. Trai  a. Typed  c. Signa  35. Cou	ning Offi d Name ( ture & T rse Accep a. Accep b. Not A	CERTIFIC icer: I certif (Last, First, ittle eptance (To oted accepted appletion (To	fy this training me Middle Initial)  be be completed by c. School Official	eets regulator  / school official Signature	b. Phone nu	nents. umber (Includ	de area code)  d. Date  d. Date
<ul> <li>a. Typed Name (Last, First, Middle</li> <li>c. Signature &amp; Title</li> <li>34. Authorizing Official</li> <li>a. Action (X one)</li> </ul>	Initial)	b. Phone r	on D - APPR prerequisites. number (Include	area code)  d. Date  (2) Disapproved	33. Trai a. Typed c. Signa 35. Cou	ning Official Name ( ture & T  rse Accep a. Accep b. Not A  rse Com  rrse was this sec	CERTIFIC icer: I certif (Last, First, ittle eptance (To oted accepted upletion (To not comple tion blank, a	fy this training me Middle Initial)  be completed by c. School Office be completed by ted, X this box, and return this	eets regulator  / school official Signature	b. Phone nu	nents. umber ( <i>Includ</i> ompletion	de area code)
<ul> <li>a. Typed Name (Last, First, Middle</li> <li>c. Signature &amp; Title</li> <li>34. Authorizing Official</li> <li>a. Action (X one)</li> <li>b. Typed Name (Last, First, Middle</li> <li>d. Signature &amp; Title</li> </ul>	Initial) (1) Ap	b. Phone r	on D - APPR prerequisites. number (Include	d. Date  (2) Disapproved area code)  e. Date	33. Trai a. Typed c. Signa 35. Cou	ning Offid Name ( ture & T  rse Accep b. Not A  rse Com rse was this sec with an	CERTIFIC icer: I certif (Last, First, ittle eptance (To oted accepted eptetion (To accepted eptetion blank, a explanation	fy this training me Middle Initial)  be completed by c. School Office be completed by ted, X this box, and return this	eets regulator  / school official Signature	cial)  ial)  Actual Co	nents. umber ( <i>Includ</i> ompletion	d. Date  d. Date  c. Grade
<ul> <li>a. Typed Name (Last, First, Middle</li> <li>c. Signature &amp; Title</li> <li>34. Authorizing Official</li> <li>a. Action (X one)</li> <li>b. Typed Name (Last, First, Middle</li> </ul>	Initial)  (1) Ap Initial)	b. Phone r	on D - APPR prerequisites. number (Include	area code)  d. Date  (2) Disapproved area code)	33. Trai a. Typed c. Signa 35. Cou	ning Offid Name ( ture & T  rse Accep b. Not A  rse Com rse was this sec with an	CERTIFIC icer: I certif (Last, First, ittle eptance (To oted accepted eptetion (To accepted eptetion blank, a explanation	fy this training me Middle Initial)  be completed by c. School Office be completed by ted, X this box, and return this	eets regulator  / school official Signature	cial)  ial)  Actual Co	nents. umber ( <i>Includ</i> ompletion	de area code)  d. Date  d. Date
<ul> <li>a. Typed Name (Last, First, Middle</li> <li>c. Signature &amp; Title</li> <li>34. Authorizing Official</li> <li>a. Action (X one)</li> <li>b. Typed Name (Last, First, Middle)</li> <li>d. Signature &amp; Title</li> <li>37. Billing Instructions (Identify dis</li> </ul>	Initial)  (1) Ap Initial)	b. Phone r	on D - APPR prerequisites. number (Include	d. Date  (2) Disapproved area code)  e. Date	33. Trai a. Typed c. Signa 35. Cou	ning Offid Name ( ture & T  rse Accep b. Not A  rse Com rse was this sec with an	CERTIFIC icer: I certif (Last, First, ittle eptance (To oted accepted eptetion (To accepted eptetion blank, a explanation	fy this training me Middle Initial)  be completed by c. School Office be completed by ted, X this box, and return this	eets regulator  / school official Signature	cial)  ial)  Actual Co	nents. umber ( <i>Includ</i> ompletion	d. Date  d. Date  c. Grade
<ul> <li>a. Typed Name (Last, First, Middle</li> <li>c. Signature &amp; Title</li> <li>34. Authorizing Official</li> <li>a. Action (X one)</li> <li>b. Typed Name (Last, First, Middle)</li> <li>d. Signature &amp; Title</li> <li>37. Billing Instructions (Identify dis</li> </ul>	Initial)  (1) Ap Initial)	b. Phone r	on D - APPR prerequisites. number (Include	d. Date  (2) Disapproved area code)  e. Date	a. Typed c. Signa 35. Cou a. If couleave form d. Signa	NCE / fining Offing of Name (in ture & Time Accepta. Accepta. Accepta. Not Airse Communications with an ture & Time Accepta.	CERTIFIC icer: I certif (Last, First, ittle eptance (To oted accepted eptetion (To accepted eptetion blank, a explanation	fy this training me Middle Initial)  be be completed by c. School Official be completed by ted, X this box, and return this memo.	eets regulator  / school official Signature	cial)  ial)  Actual Co	nents. umber ( <i>Includ</i> ompletion	d. Date  d. Date  c. Grade
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<ul> <li>A. Agency code and subelement, office number (xx-xx-xxxx)</li> </ul>		B. Standa	rd document nu					st Status or Proce			D. Amendm	ient No.
office fluffiber (xx-xx-xxxx)		(Org Id	entiner/ F1, Do	L./ Type Code/ 3	eriai riurribe	:1)	(1)	Initial	(2) Resul	bmission		
							(3)	Correction	(4) Canc	ellation		
		S	ection A - T	RAINEE / A	PPLICAN	IT INF	ORMATIO	ON				•
1. Name (Last, First, Middle Initial,	)		2. 1st 5 le	tters of last nar	ne	3. Soc	ial Security	Number	4. Ed	d. level	a. Years	b. Months
6. Home Address (Street, City, Sta	ate and ZIP Cod	e) (optional)	7. Phone i	Numbers (Includ	le area code	e)	8. Position	n Title				
			a. Home									
			b. Office				9. Position	Level (X one)			eries / Grade	
11. Organization Name			(1) Comme	rcial			a.	Executive	(	(Rank / IVIO:	S / AFSC /OF	Navy Designato
			(2) Autovo	on			b.	Manager				
12. Organization Mailing Address	(Include ZIP)		13. Organi	zation UIC			C.	Supervisory		ype of intment		r non-govern- aining days
				u handicapped		Yes	d.	Non-Supervisory		iiitiiieiit	ment u	illing days
			or disa	bled? (X one)		No	e.	Other (Specify)				
			Sectio	n B - TRAIN	ING COL	JRSE [	DATA					•
17. Course Title												
18. Training Objectives (Benefits t	to be derived by	the Governmen	t)				19. Recom	nmended Training	Source, Scl	hool or Faci	ility	
							a. Name	3			,	
								address (Include .	ZIP)			
							9	,	•			
							c Location	n of training site (	(If other than	n 10h)		
20. Course Codes			1				C. LUCATION	Tor training site (	ii otrici triai	1 170)		
	f. Security Clea			aining Program								
_	g. Allocation S	tatus		ason for Selecti				hours (4 digits)		e Identifiers	s	
	h. Priority			raining Period ()	YYMMDD)		a. Duty		a. SAID			
	i. Training Leve		a. Sta				b. Non-dut	ty		g / Course N	No.	
e. Training Vendor	j. Method of Tr	aining	b. Co	mplete			c. TOTAL		c. Offering	g / TLN		
	Secti	on C - COST	INFORMA	ΓΙΟΝ (Costs i	ncurred and	l billed a	re not to ex	ceed amount in it	em 30.)			
24. If training does not involve exp	enditure of fund	ls other than sal	ary, pay or com	pensation, skip	the remaind	ler of qu	estions in S	ection C and X th	nis box		<b>→</b>	
25. Direct Costs		26. Indirect Cos	sts (For informa	tion only)	27. Acc	ounting	Classificatio	on				
a. Tuition cost		a. Travel cost										
b. Books, material, other costs		b. Per diem/oth	er costs									
c. Total direct costs		c. Total indirect	costs									
d. Funding source		28. Labor Costs			20 Cian							
31. Job Order No.					29. Sigr	ature of	Fiscal Offic	cer (Follow local p	procedure)		30. Total of	Direct &
			•		29. Sigr	nature of	Fiscal Offic	cer (Follow local p	orocedure)		30. Total of Indirect	Direct & Costs
		Section		OVAL / COI					procedure)		30. Total of Indirect	Direct & Costs
32. Supervisor: I certify training is	job related and		on D - APPR	OVAL / COI	NCURRE	NCE /	CERTIFIC	CATION		ory requirem		f Direct & Costs
(If'not, attach waiver.)		nominee meets	on D - APPR prerequisites.		NCURREI 33. Trai	NCE /	CERTIFIC	CATION  fy this training me	eets regulato	, ,	nents.	•
32. Supervisor: I certify training is (If not, attach waiver.) a. Typed Name (Last, First, Middle		nominee meets	on D - APPR		NCURREI 33. Trai	NCE /	CERTIFIC	CATION	eets regulato	, ,	nents.	f Direct & Costs
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		nominee meets	on D - APPR prerequisites. number (Include	area code)	NCURREI 33. Trai	NCE / Ining Office of Name (	CERTIFIC icer: I certif	CATION  fy this training me	eets regulato	, ,	nents.	de area code)
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<ul> <li>a. Typed Name (Last, First, Middle)</li> <li>c. Signature &amp; Title</li> <li>34. Authorizing Official</li> <li>a. Action (X one)</li> <li>b. Typed Name (Last, First, Middle)</li> <li>d. Signature &amp; Title</li> <li>37. Billing Instructions (Identify dis</li> </ul>	Initial)  (1) Ap Initial)	b. Phone r	on D - APPR prerequisites. number (Include	d. Date  (2) Disapproved area code)  e. Date	33. Trai a. Typed c. Signa 35. Cou 36. Cou a. If couleave form d. Signa 38. Cert a. I certi	NCE / oning Offing I Name ( I ture & T  rse Accep b. Not A  rse Com  rse was this sec with an ture & T	CERTIFIC icer: I certif (Last, First, ittle eptance (To oted accepted accepted eptetion (To oted operation blank, a explanation ittle  overnment ( this account	be completed by completed by ted, X this box, and return this memo.	eets regulator  / school official Signature  school offici	b. Phone nu	ompletion	d. Date  d. Date  c. Grade e. Date
<ul> <li>a. Typed Name (Last, First, Middle)</li> <li>c. Signature &amp; Title</li> <li>34. Authorizing Official</li> <li>a. Action (X one)</li> <li>b. Typed Name (Last, First, Middle)</li> <li>d. Signature &amp; Title</li> <li>37. Billing Instructions (Identify dis</li> </ul>	Initial)  (1) Ap Initial)	b. Phone r	on D - APPR prerequisites. number (Include	d. Date  (2) Disapproved area code)  e. Date	33. Trai a. Typed c. Signa 35. Cou 36. Cou a. If couleave form d. Signa 38. Cert a. I certi	ning Offid Name ( ture & T  rse Accep b. Not A  rse Com  arse was this sec with an ture & T	CERTIFIC icer: I certif (Last, First, ittle eptance (To oted accepted eptetion (To not comple accepted oblank, a explanation ittle  overnment ( this account yment in the	be completed by completed by ted, X this box, and return this memo.	eets regulators school official Signatures school official b.	b. Phone not	ompletion	d. Date  d. Date  c. Grade e. Date
<ul> <li>a. Typed Name (Last, First, Middle</li> <li>c. Signature &amp; Title</li> <li>34. Authorizing Official</li> <li>a. Action (X one)</li> <li>b. Typed Name (Last, First, Middle)</li> <li>d. Signature &amp; Title</li> <li>37. Billing Instructions (Identify dis</li> </ul>	Initial)  (1) Ap Initial)	b. Phone r	on D - APPR prerequisites. number (Include	d. Date  (2) Disapproved area code)  e. Date	33. Trai a. Typed c. Signa 35. Cou a. If couleave form d. Signa 38. Cert a. I certiprope b. Signa	ning Offid Name ( ture & T  rse Accep b. Not A  rse Com  arse was this sec with an ture & T	CERTIFIC icer: I certif (Last, First, ittle eptance (To oted accepted eptetion (To not comple accepted oblank, a explanation ittle  overnment ( this account yment in the	be completed by c. School Official  be correct and e amount of:	eets regulators school official Signatures school official b.	b. Phone not	ompletion MMDD)  c. Date Sign	d. Date  d. Date  c. Grade e. Date

	REQUE	ST. AUTH	ORIZAT	ION, AG	REEMENT, CER	TIFIC	ATION	OF TRA	AINING AND	REIN	IBURSEM	ENT	
A. Agency code and	l subelement		g B. S	andard docu	ment number			1	est Status or Proce			D. Amendn	nent No.
office number (xx	(-xx-xxxx)		(0	Org identifier/	FY, Doc./ type code/ S	erial nui	nber)	<u> </u>	) Initial		Resubmission	-	
									3) Correction	-+	Cancellation		
				Section	A - TRAINEE / A		ANIT INI		•	(4)	Sanccilation		
Name (Last, First, I	Middle Initia	al)			1st 5 letters of last nar			cial Securit		4	. Ed. level	5. Continue	ous Federal Svc
(, ,,		/							,			a. Years	b. Months
6. Home Address (Str	reet City S	tate and 7IP Co	de) (ontiona	() _	D			8. Positio	n Title				
o. Home Address (511	cci, city, 3	tate and zir co	ас) (орнона		Phone Numbers (Includ	e area c	ode)	0. 1 03iti	on thie				
				a.	Home								
				b.	Office			9. Positio	on Level (X one)	1	<ol><li>Pay Plan / (Rank / MC</li></ol>		e / Step Navy Designator)
11. Organization Name	e			(1)	Commercial			8	a. Executive				
				(2)	Autovon			k	o. Manager				
12. Organization Mailir	ng Address	(Include ZIP)		13.	. Organization UIC			(	c. Supervisory		4. Type of ppointment		r non-govern- aining days
				16.	Are you handicapped		Yes	C	d. Non-Supervisory				. 3 , .
					or disabled? (X one)		No	6	e. Other (Specify)				
					Section B - TRAIN	ING C	OURSE	DATA					<b>■</b>
17. Course Title													
18. Training Objectives	s (Benefits	to be derived b	y the Goveri	nment)				19. Reco	mmended Training	Source	. School or Fa	cility	
											,	,	
								a. Name	g address (Include	7IP)			
								b. Walling	g dddress (meidde	<i></i>			
										/IE - H	H 10h)		
20. Course Codes	1							c. Location	on of training site (	ır otner	tnan 19b)		
a. Purpose		f. Security Cl	earance		k. Training Program								
b. Type		g. Allocation	Status		Reason for Selecti	on		21. Cours	se hours (4 digits)		ourse Identifie	rs	
c. Source		h. Priority			23. Training Period (	YMMD	D)	a. Duty		a. SA	ID		
d. Special Interest		i. Training Le	/el		a. Start			b. Non-d	uty	b. Cat	talog / Course	No.	
e. Training Vendor		j. Method of	Training		b. Complete			c. TOTA	L	c. Off	ering / TLN		
		Sect	ion C - C	OST INFO	RMATION (Costs i	ncurred	and billed	are not to e	xceed amount in it	em 30.)	)		
24. If training does not	t involve ex	penditure of fur	nds other tha	ın salary, pay	or compensation, skip	the rem	ainder of q	uestions in	Section C and X th	nis box		$\rightarrow$	
25. Direct Costs			26. Indired	ct Costs (For	information only)	27. /	Accounting	g Classificat	ion			•	
a. Tuition cost			a. Travel o	cost									
b. Books, material, oth	ner costs		b. Per dier	n/other costs									
c. Total direct costs			c Total in	direct costs									
						29. 3	Signature o	of Fiscal Off	icer (Follow local p	rocedur	re)	30. Total o	f Direct & Costs
d. Funding source			28. Labor	Costs		-	J		,		,	Indirect	Costs
31. Job Order No.				5	***********	IOLIDI	SENIOE I	OFFICE	0.4.710.11				
22 Supervisor: Learti	fu training is	s inh related an			APPROVAL / COI								
32. Supervisor: I certin (If not, attach wait									tify this training me	ets reg	, ,		
a. Typed Name (Last, I	First, Middle	e Initial)	b. Ph	one number	(Include area code)	a. Ty	ped Name	(Last, First	, Middle Initial)		b. Phone r	number (Includ	de area code)
					1								1
c. Signature & Title					d. Date	c. Si	gnature &	Litle					d. Date
34. Authorizing Officia	al					35. (	Course Aco	ceptance (T	To be completed by	school /	official)		
a. Action (X one)	<b>→</b>	(1) A	pproved		(2) Disapproved		a. Acce	epted	c. School Offic	ial Signa	ature		d. Date
b. Typed Name (Last,	First, Middle	e Initial)	c. Ph	one number	(Include area code)		b. Not	Accepted					
						36. (	Course Co	mpletion (To	be completed by	school d	official)		
d. Signature & Title					e. Date				leted, X this box,		b. Actual C		c. Grade
								ection blank n explanatio	, and return this		Date (Y	YMMDD)	
37. Billing Instructions	(Identify di	scount terms		%	days.)		gnature &						e. Date
Furnish original inv	voice and 3	copies to:			,								
						38. (	Sertifying (	Government	Official				
									nt is correct and		\$		
								ayment in th	ne amount of:		· ·		
						b. Si	gnature					c. Date Sigr	ned
									T				
						d. D	SSN Numb	er	e. Check Numb	er		f. Voucher I	Number
	Invoice shou	uld be cent to e	ffice indicate	d in item 37	Please refer to standa	d docur	ment numb	er given in	item B at top of pa	ge to as	ssure prompt r	navment	

REQUE	ST, AUTH	ORIZAT	ION, AGI	REEMENT, CERT	IFIC	ATION	OF TR	RAINING AND	REIN	/IBURSEM	ENT	
A. Agency code and subelemen		ng B. St	andard docur	ment number			1	quest Status or Proc			D. Amendm	nent No.
office number (xx-xx-xxxx)		(C	org identifier/	FY, Doc./ type code/ Se	rial nur	nber)		(1) Initial	(2)	Resubmission		
								(3) Correction	- 1 -	Cancellation		
		<u> </u>	Section	A - TRAINEE / AF	PLIC	ANT INF	ORMA	TION	ı			<b>■</b>
1. Name (Last, First, Middle Initia	al)		2.	1st 5 letters of last nam	е	3. So	cial Secur	rity Number	4	. Ed. level		ous Federal Svc
											a. Years	b. Months
6. Home Address (Street, City, S	tate and ZIP Co	de) (optional,	7.	Phone Numbers (Include	area c	ode)	8. Posi	tion Title	-			
			a.	Home								
			b.	Office			9. Posi	tion Level (X one)	1	O. Pay Plan / S		
11. Organization Name			(1)	Commercial				a. Executive		(Rank / MC	OS / AFSC /or	Navy Designator)
				Autovon				b. Manager				
12. Organization Mailing Address	(Include ZIP)			Organization UIC				c. Supervisory		4. Type of		r non-govern-
				Are you handicapped		Yes		d. Non-Supervisor		Appointment	ment tra	aining days
				or disabled? (X one)		No		e. Other (Specify)	,			
				Section B - TRAINI	NG C		ΠΔΤΔ	(,				
17 Course Title				Section B - TRAIN	100	OUNSE	אוא					
<ul><li>17. Course Title</li><li>18. Training Objectives (Benefits</li></ul>	to be derived b	y the Govern	ment)				10 Do	commended Training	Source	School or Ea	sility	
3 . 7			. ,						Jource	e, School of Fac	anity	
							a. Nam	ie ing address ( <i>Include</i>	7ID)			
							D. IVIAIII	ing address (include	ZIP)			
							0 1000	ation of training site	/If other	than 10h)		
20. Course Codes				1			C. LUCA	ition of training site	(II Other	uiaii 190)		
a. Purpose	f. Security Cl			k. Training Program					1			
b. Type	g. Allocation	Status		I. Reason for Selectio	_	_,		irse hours (4 digits)		Course Identifie	rs	
c. Source	h. Priority			23. Training Period (Y	YMMDI	D)	a. Duty		a. SA			
d. Special Interest	i. Training Le			a. Start			b. Non-			talog / Course	No.	
e. Training Vendor	j. Method of			b. Complete			c. TOT.			fering / TLN		
	Sect	tion C - C	ost info	RMATION (Costs in	curred	and billed	are not to	exceed amount in i	tem 30.	)		
24. If training does not involve ex	penditure of fur	nds other tha	n salary, pay	or compensation, skip t					his box		<u> </u>	
25. Direct Costs		26. Indirec	t Costs (For	information only)	27. /	Accounting	Classific	ation				
a. Tuition cost		a. Travel c	ost									
b. Books, material, other costs		b. Per dien	n/other costs									
c. Total direct costs		c. Total inc	direct costs									
d. Funding source		28. Labor	Costs		29. \$	Signature o	of Fiscal O	Officer (Follow local	procedu	re)	30. Total of Indirect	f Direct & Costs
31. Job Order No.												
		Se	ection D -	APPROVAL / CON	CUR	RENCE /	CERTI	FICATION				
<ol> <li>Supervisor: I certify training is (If not, attach waiver.)</li> </ol>	s job related an	d nominee m	eets prerequi	sites.	33.	Training Of	ficer: I ce	ertify this training m	eets reg	ulatory require	ments.	
a. Typed Name (Last, First, Middle				(Include area code)	a. Ty	ped Name	(Last, Fir	st, Middle Initial)		b. Phone r	number (Includ	de area code)
c. Signature & Title				d. Date	c. Si	gnature &	Title					d. Date
34. Authorizing Official					35. (	Course Acc	eptance	(To be completed b	,	· ·		
a. Action (X one)	(1) A	Approved		(2) Disapproved		a. Acce	pted	c. School Office	cial Sign	ature		d. Date
b. Typed Name (Last, First, Middle	e Initial)	c. Ph	one number	(Include area code)		b. Not a	Accepted					
					36. (	Course Cor	npletion (	To be completed by	school	official)		
d. Signature & Title				e. Date				pleted, X this box,		b. Actual C		c. Grade
								nk, and return this tion memo.		Date (Y	YMMDD)	
37. Billing Instructions (Identify di		9	%	days.)		gnature &			-			e. Date
Furnish original invoice and 3	copies to:											
					38 (	Certifying (	Governma	nt Official				1
								unt is correct and the amount of:		\$		
						gnature					c. Date Sigr	ned
											9	
					d. D	SSN Numb	er	e. Check Num	ber		f. Voucher l	Number
								I. Shook rediff				
TDAINING FACILITY	dates as the	SEI 1 - 11 .	d ! !k 0=	Diagram of the transfer of the				- Hama David				
TRAINING FACILITY: Invoice shou	uid be sent to o	rrice indicate	a ın ıtem 37.	Please refer to standard	a docur	nent numb	er given i	n item B at top of p	age to a	ssure prompt p	ayment.	

	ST, AUTHO	DRIZATION	i, agreen	IENT, CER	TIFICAT	TION (	OF TRA	INING AND	REIMBL	JRSEME	ENT	
<ul> <li>A. Agency code and subelement, office number (xx-xx-xxxx)</li> </ul>		B. Standa	rd document nu					st Status or Proce			D. Amendm	ient No.
office fluffiber (xx-xx-xxxx)		(Org Id	entiner/ F1, Do	L./ Type Code/ 3	eriai riurribe	:1)	(1)	Initial	(2) Resul	bmission		
							(3)	Correction	(4) Canc	ellation		
		S	ection A - T	RAINEE / A	PPLICAN	IT INF	ORMATIO	ON				•
1. Name (Last, First, Middle Initial,	)		2. 1st 5 le	tters of last nar	ne	3. Soc	ial Security	Number	4. Ed	d. level	a. Years	b. Months
6. Home Address (Street, City, Sta	ate and ZIP Cod	e) (optional)	7. Phone i	Numbers (Includ	le area code	e)	8. Position	n Title				
			a. Home									
			b. Office				9. Position	Level (X one)			eries / Grade	
11. Organization Name			(1) Comme	rcial			a.	Executive	(	(Rank / IVIO:	S / AFSC /OF	Navy Designato
			(2) Autovo	on			b.	Manager				
12. Organization Mailing Address	(Include ZIP)		13. Organi	zation UIC			C.	Supervisory		ype of intment		r non-govern- aining days
				u handicapped		Yes	d.	Non-Supervisory		ilitillelit	ment u	illing days
			or disa	bled? (X one)		No	e.	Other (Specify)	-			
			Sectio	n B - TRAIN	ING COL	JRSE [	DATA					•
17. Course Title												
18. Training Objectives (Benefits t	to be derived by	the Governmen	t)				19. Recom	nmended Training	Source, Scl	hool or Faci	ility	
							a. Name	3			,	
								address (Include .	ZIP)			
							9	,	•			
							c Location	n of training site (	(If other than	n 10h)		
20. Course Codes			1				C. LUCATION	Tor training site (	ii otilei tilai	1 170)		
	f. Security Clea			aining Program								
_	g. Allocation S	tatus		ason for Selecti				hours (4 digits)		e Identifiers	s	
	h. Priority			raining Period ()	YYMMDD)		a. Duty		a. SAID			
	i. Training Leve		a. Sta				b. Non-dut	ty		g / Course N	No.	
e. Training Vendor	j. Method of Tr	aining	b. Co	mplete			c. TOTAL		c. Offering	g / TLN		
	Secti	on C - COST	INFORMA	ΓΙΟΝ (Costs i	ncurred and	l billed a	re not to ex	ceed amount in it	em 30.)			
24. If training does not involve exp	enditure of fund	ls other than sal	ary, pay or com	pensation, skip	the remaind	ler of qu	estions in S	ection C and X th	nis box		<b>→</b>	
25. Direct Costs		26. Indirect Co	sts (For informa	tion only)	27. Acc	ounting	Classificatio	on				
a. Tuition cost		a. Travel cost										
b. Books, material, other costs		b. Per diem/oth	er costs									
c. Total direct costs		c. Total indirect	costs									
d. Funding source		28. Labor Costs			20 Cian							
31. Job Order No.					29. Sigr	ature of	Fiscal Offic	cer (Follow local p	procedure)		30. Total of	Direct &
			•		29. Sigr	nature of	Fiscal Offic	cer (Follow local p	orocedure)		30. Total of Indirect	Direct & Costs
		Section		OVAL / COI					procedure)		30. Total of Indirect	Direct & Costs
32. Supervisor: I certify training is	job related and		on D - APPR	OVAL / COI	NCURRE	NCE /	CERTIFIC	CATION		ory requirem		f Direct & Costs
(If'not, attach waiver.)		nominee meets	on D - APPR prerequisites.		NCURREI 33. Trai	NCE /	CERTIFIC	CATION  fy this training me	eets regulato	, ,	nents.	•
32. Supervisor: I certify training is (If not, attach waiver.) a. Typed Name (Last, First, Middle		nominee meets	on D - APPR		NCURREI 33. Trai	NCE /	CERTIFIC	CATION	eets regulato	, ,	nents.	f Direct & Costs
a. Typed Name (Last, First, Middle		nominee meets	on D - APPR prerequisites. number (Include		33. Trai	NCE / Ining Office of Name (	CERTIFIC icer: I certif	CATION  fy this training me	eets regulato	, ,	nents.	4
		nominee meets	on D - APPR prerequisites. number (Include	area code)	NCURREI 33. Trai	NCE / Ining Office of Name (	CERTIFIC icer: I certif	CATION  fy this training me	eets regulato	, ,	nents.	de area code)
<ul><li>a. Typed Name (Last, First, Middle</li><li>c. Signature &amp; Title</li></ul>		nominee meets	on D - APPR prerequisites. number (Include	area code)	33. Trai a. Typed c. Signa	NCE / ning Offid Name (	CERTIFIC icer: I certif (Last, First,	CATION  fy this training me  Middle Initial)	eets regulato	b. Phone nu	nents.	de area code)
a. Typed Name (Last, First, Middle     c. Signature & Title  34. Authorizing Official	Initial)	b. Phone r	on D - APPR prerequisites. number (Include	area code) d. Date	33. Trai a. Typec c. Signa 35. Cou	NCE / Ining Office In Name (Inture & Tourse Access	CERTIFIC icer: I certif (Last, First, itle	EATION  fy this training me Middle Initial)  Do be completed by	eets regulato	b. Phone nu	nents.	de area code)
<ul> <li>a. Typed Name (Last, First, Middle</li> <li>c. Signature &amp; Title</li> <li>34. Authorizing Official</li> <li>a. Action (X one)</li> </ul>	Initial)	b. Phone r	on D - APPR prerequisites. number (Include	area code)  d. Date  (2) Disapproved	33. Trai a. Typed c. Signa 35. Cou	NCE / Ining Offid Name (Inture & Tourse Acceptal)	CERTIFIC icer: I certif (Last, First, Title eptance (To	CATION  fy this training me  Middle Initial)	eets regulato	b. Phone nu	nents.	de area code)
a. Typed Name (Last, First, Middle     c. Signature & Title  34. Authorizing Official	Initial)	b. Phone r	on D - APPR prerequisites. number (Include	area code)  d. Date  (2) Disapproved	33. Trai a. Typed c. Signa 35. Cou	NCE / Ining Office of Name (Interes of Acceptance)	CERTIFIC icer: I certif (Last, First, ittle eptance (To ted accepted	fy this training me Middle Initial)  be be completed by  c. School Offici	eets regulato	b. Phone nu	nents.	de area code)
<ul> <li>a. Typed Name (Last, First, Middle</li> <li>c. Signature &amp; Title</li> <li>34. Authorizing Official</li> <li>a. Action (X one)</li> <li>b. Typed Name (Last, First, Middle</li> </ul>	Initial)	b. Phone r	on D - APPR prerequisites. number (Include	area code)  d. Date  (2) Disapproved area code)	NCURREI  33. Trai  a. Typed  c. Signa  35. Cou	ning Offi d Name ( ture & T rse Accep a. Accep b. Not A	CERTIFIC icer: I certif (Last, First, ittle eptance (To oted accepted appletion (To	fy this training me Middle Initial)  be be completed by c. School Official	eets regulator  / school official Signature	b. Phone nu	nents. umber (Includ	de area code)  d. Date  d. Date
<ul> <li>a. Typed Name (Last, First, Middle</li> <li>c. Signature &amp; Title</li> <li>34. Authorizing Official</li> <li>a. Action (X one)</li> </ul>	Initial)	b. Phone r	on D - APPR prerequisites. number (Include	area code)  d. Date  (2) Disapproved	33. Trai a. Typed c. Signa 35. Cou	ning Official Name ( ture & T  rse Accep a. Accep b. Not A  rse Com  rrse was this sec	CERTIFIC icer: I certif (Last, First, ittle eptance (To oted accepted upletion (To not comple tion blank, a	fy this training me Middle Initial)  be completed by c. School Office be completed by ted, X this box, and return this	eets regulator  / school official Signature	b. Phone nu	nents. umber ( <i>Includ</i> ompletion	de area code)
<ul> <li>a. Typed Name (Last, First, Middle</li> <li>c. Signature &amp; Title</li> <li>34. Authorizing Official</li> <li>a. Action (X one)</li> <li>b. Typed Name (Last, First, Middle</li> <li>d. Signature &amp; Title</li> </ul>	Initial) (1) Ap	b. Phone r	on D - APPR prerequisites. number (Include	d. Date  (2) Disapproved area code)  e. Date	33. Trai a. Typed c. Signa 35. Cou	ning Offid Name ( ture & T  rse Accep b. Not A  rse Com rse was this sec with an	CERTIFIC icer: I certif (Last, First, ittle eptance (To oted accepted eptetion (To accepted eptetion blank, a explanation	fy this training me Middle Initial)  be completed by c. School Office be completed by ted, X this box, and return this	eets regulator  / school official Signature	cial)  ial)  Actual Co	nents. umber ( <i>Includ</i> ompletion	d. Date  d. Date  c. Grade
<ul> <li>a. Typed Name (Last, First, Middle</li> <li>c. Signature &amp; Title</li> <li>34. Authorizing Official</li> <li>a. Action (X one)</li> <li>b. Typed Name (Last, First, Middle</li> </ul>	Initial)  (1) Ap Initial)	b. Phone r	on D - APPR prerequisites. number (Include	area code)  d. Date  (2) Disapproved area code)	33. Trai a. Typed c. Signa 35. Cou	ning Offid Name ( ture & T  rse Accep b. Not A  rse Com rse was this sec with an	CERTIFIC icer: I certif (Last, First, ittle eptance (To oted accepted eptetion (To accepted eptetion blank, a explanation	fy this training me Middle Initial)  be completed by c. School Office be completed by ted, X this box, and return this	eets regulator  / school official Signature	cial)  ial)  Actual Co	nents. umber ( <i>Includ</i> ompletion	de area code)  d. Date  d. Date
<ul> <li>a. Typed Name (Last, First, Middle</li> <li>c. Signature &amp; Title</li> <li>34. Authorizing Official</li> <li>a. Action (X one)</li> <li>b. Typed Name (Last, First, Middle)</li> <li>d. Signature &amp; Title</li> <li>37. Billing Instructions (Identify dis</li> </ul>	Initial)  (1) Ap Initial)	b. Phone r	on D - APPR prerequisites. number (Include	d. Date  (2) Disapproved area code)  e. Date	33. Trai a. Typed c. Signa 35. Cou	ning Offid Name ( ture & T  rse Accep b. Not A  rse Com rse was this sec with an	CERTIFIC icer: I certif (Last, First, ittle eptance (To oted accepted eptetion (To accepted eptetion blank, a explanation	fy this training me Middle Initial)  be completed by c. School Office be completed by ted, X this box, and return this	eets regulator  / school official Signature	cial)  ial)  Actual Co	nents. umber ( <i>Includ</i> ompletion	d. Date  d. Date  c. Grade
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REQUE	ST, AUTH	ORIZAT	ION, AGI	REEMENT, CERT	IFICA	TION (	OF TE	RAINI	IG AND	REI	MBURSEME	ENT		
A. Agency code and subelemen		g B. St	andard docur	ment number					itus or Proce			D. Amend	ment No.	
office number (xx-xx-xxxx)		(0	rg identifier/	FY, Doc./ type code/ Ser	iai numbi	er)		(1) Initia	ı	(2	) Resubmission			
								(3) Corre		- 1	) Cancellation			
			Section	A - TRAINEE / AP	PLICA	NT INF	ORMA				,			4
1. Name (Last, First, Middle Initia	I)			1st 5 letters of last name				rity Num	ber		4. Ed. level	Continuate     Years		ral Svc Months
6. Home Address (Street, City, S	tate and ZIP Cod	de) (optional <sub>,</sub>	, , , , , , , , , , , , , , , , , , ,	Phone Numbers (Include	area cod	e)	8. Pos	ition Title	)					
				Office			9 Pos	ition Lev	el (X one)		10. Pay Plan / S	Series / Grad	e / Step	
11. Organization Name				Commercial			7 00	a. Exe	, ,		(Rank / MO	S / AFSC /o	r Navy De	esignator)
				Autovon				b. Mar						
12. Organization Mailing Address	(Include ZIP)			Organization UIC					ervisory		14. Type of	15. No. pri	or non-go	vern-
	,			Are you handicapped		Voc			-Supervisory	,	Appointment	ment t	raining da	ıys
			10.	or disabled? (X one)		Yes				′ .				
				Seetien D. TDAINII	10.00	No No	DATA	e. Util	er (Specify)					
			```	Section B - TRAININ	NG CO	UKSE I	DATA							_
<ul><li>17. Course Title</li><li>18. Training Objectives (Benefits</li></ul>	to be desired by	, the Carre	.m. c.m.t)			-								
18. Training Objectives (Benefits	to be aerivea by	tne Govern	iment)				19. Re	commen	ded Training	Sour	ce, School or Fac	ility		
							a. Nan							
							b. Mai	ling addr	ess (Include	ZIP)				
20. Course Codes							c. Loca	ation of t	raining site (	(If oth	er than 19b)			
a. Purpose	f. Security Cle	arance		k. Training Program										
b. Type	g. Allocation S	Status		I. Reason for Selection	1		21. Co	urse hou	s (4 digits)	22.	Course Identifier	s		
c. Source	h. Priority			23. Training Period (YY	MMDD)		a. Dut	у		a. S	SAID			
d. Special Interest	i. Training Lev	rel		a. Start			b. Non	-duty		b. (	Catalog / Course N	No.		
e. Training Vendor	j. Method of T			b. Complete			c. TOT	TAL .			Offering / TLN			
	,	. 3		Section H - E	/AI UA	TION		ļ				II.		4
				Part I (To be comp			200)							
40. Was assumed seminlated 2 (v. em	-1	40 Astro	I course date	• • • • • • • • • • • • • • • • • • • •		Actual co				T = 4	I. Academic grad	lo/cooro		
48. Was course completed? (x on	e)	a. Comme			a. Du		urse not	b. Non	duty	- 3	i. Academic grad	ie/score		
a. Yes b. No (Return this form explaining circur	n with a memo nstances)	(YYMMI		b. Completed (YYMMDD)		,			,					
52. Were all sessions attended? (x a. Yes b. No (Explain)	c one)													
х	appropriate col	umn to indic		REAS OF EVALUATION uation of items 53 throug	gh 64. E	o not att	empt to	split a ra	ating.			Α	RATING	G C
													1	
53. Stated objective accomplished	i		A = Yes		B = Par				C = No					
54. Coverage of subject matter			A = Exceller		B = Sut				C = Poor				1	
55. Organization of subject matter			A = Well or	ganized	$\mathbf{B} = Ad$	equate			C = Poorly o	organi	zed			
56. Suitability of instructional mat	erials		A = Exceller	nt	B = Ad	equate			C = Poor					
57. Level of difficulty			A = Too adv	vanced	<b>B</b> = Ap	propriate			C = Too ele	menta	nry			
58. Length of course			A = Too Ion	g	$\mathbf{B} = Ap$	propriate			C = Too sho	ort				
59. Amount of outside or evening	work		A = Too mu	ich	$\mathbf{B} = \mathbf{A}\mathbf{p}$	propriate			C = Insuffic	ient				
60. Effectiveness of instructors			A = Exceller	nt	B = Go	od			C = Poor					
61. Applicability of subject matter	to the job		A = Signific	ant	B = Ad	equate		-	C = Insignifi	icant				
62. Facilities			A = Exceller	nt	B = Go	od			C = Poor					
63. Recommendation to colleague	s		A = Highly r	recommended	B = Red	commend	led	(	C = Not rec	omme	ended			

64. Meet career development plans

C = Not applicable

 $\mathbf{A} = \mathrm{Yes}$ 

	ST, AUTHO	DRIZATION	i, agreen	IENT, CER	TIFICAT	TION (	OF TRA	INING AND	REIMBL	JRSEME	ENT	
<ul> <li>A. Agency code and subelement, office number (xx-xx-xxxx)</li> </ul>		B. Standa	rd document nu					st Status or Proce			D. Amendm	ient No.
office fluffiber (xx-xx-xxxx)		(Org Id	entiner/ F1, Do	L./ Type Code/ 3	eriai riurribe	:1)	(1)	Initial	(2) Resul	bmission		
							(3)	Correction	(4) Canc	ellation		
		S	ection A - T	RAINEE / A	PPLICAN	IT INF	ORMATIO	ON				•
1. Name (Last, First, Middle Initial,	)		2. 1st 5 le	tters of last nar	ne	3. Soc	ial Security	Number	4. Ed	d. level	a. Years	b. Months
6. Home Address (Street, City, Sta	ate and ZIP Cod	e) (optional)	7. Phone i	Numbers (Includ	le area code	e)	8. Position	n Title				
			a. Home									
			b. Office				9. Position	Level (X one)			eries / Grade	
11. Organization Name			(1) Comme	rcial			a.	Executive	(	(Rank / IVIO:	S / AFSC /OF	Navy Designato
			(2) Autovo	on			b.	Manager				
12. Organization Mailing Address	(Include ZIP)		13. Organi	zation UIC			C.	Supervisory		ype of intment		r non-govern- aining days
				u handicapped		Yes	d.	Non-Supervisory		ilitillelit	ment u	illing days
			or disa	bled? (X one)		No	e.	Other (Specify)	-			
			Sectio	n B - TRAIN	ING COL	JRSE [	DATA					•
17. Course Title												
18. Training Objectives (Benefits t	to be derived by	the Governmen	t)				19. Recom	nmended Training	Source, Scl	hool or Faci	ility	
							a. Name	3			,	
								address (Include .	ZIP)			
							9	,	•			
							c Location	n of training site (	(If other than	n 10h)		
20. Course Codes			1				C. LUCATION	Tor training site (	ii otilei tilai	1 170)		
	f. Security Clea			aining Program								
_	g. Allocation S	tatus		ason for Selecti				hours (4 digits)		e Identifiers	s	
	h. Priority			raining Period ()	YYMMDD)		a. Duty		a. SAID			
	i. Training Leve		a. Sta				b. Non-dut	ty		g / Course N	No.	
e. Training Vendor	j. Method of Tr	aining	b. Co	mplete			c. TOTAL		c. Offering	g / TLN		
	Secti	on C - COST	INFORMA	ΓΙΟΝ (Costs i	ncurred and	l billed a	re not to ex	ceed amount in it	em 30.)			
24. If training does not involve exp	enditure of fund	ls other than sal	ary, pay or com	pensation, skip	the remaind	ler of qu	estions in S	ection C and X th	nis box		<b>→</b>	
25. Direct Costs		26. Indirect Co	sts (For informa	tion only)	27. Acc	ounting	Classificatio	on				
a. Tuition cost		a. Travel cost										
b. Books, material, other costs		b. Per diem/oth	er costs									
c. Total direct costs		c. Total indirect	costs									
d. Funding source		28. Labor Costs			20 Cian							
31. Job Order No.					29. Sigr	ature of	Fiscal Offic	cer (Follow local p	procedure)		30. Total of	Direct &
			•		29. Sigr	nature of	Fiscal Offic	cer (Follow local p	orocedure)		30. Total of Indirect	Direct & Costs
		Section		OVAL / COI					procedure)		30. Total of Indirect	Direct & Costs
32. Supervisor: I certify training is	job related and		on D - APPR	OVAL / COI	NCURRE	NCE /	CERTIFIC	CATION		ory requirem		f Direct & Costs
(If'not, attach waiver.)		nominee meets	on D - APPR prerequisites.		NCURREI 33. Trai	NCE /	CERTIFIC	CATION  fy this training me	eets regulato		nents.	-
32. Supervisor: I certify training is (If not, attach waiver.) a. Typed Name (Last, First, Middle		nominee meets	on D - APPR		NCURREI 33. Trai	NCE /	CERTIFIC	CATION	eets regulato		nents.	f Direct & Costs
a. Typed Name (Last, First, Middle		nominee meets	on D - APPR prerequisites. number (Include		33. Trai	NCE / Ining Office of Name (	CERTIFIC icer: I certif	CATION  fy this training me	eets regulato		nents.	4
		nominee meets	on D - APPR prerequisites. number (Include	area code)	NCURREI 33. Trai	NCE / Ining Office of Name (	CERTIFIC icer: I certif	CATION  fy this training me	eets regulato		nents.	de area code)
<ul><li>a. Typed Name (Last, First, Middle</li><li>c. Signature &amp; Title</li></ul>		nominee meets	on D - APPR prerequisites. number (Include	area code)	33. Trai a. Typed c. Signa	NCE / ning Offid Name (	CERTIFIC icer: I certif (Last, First,	CATION  fy this training me  Middle Initial)	eets regulato	b. Phone nu	nents.	de area code)
a. Typed Name (Last, First, Middle     c. Signature & Title  34. Authorizing Official	Initial)	b. Phone r	on D - APPR prerequisites. number (Include	area code) d. Date	33. Trai a. Typec c. Signa 35. Cou	NCE / Ining Office In Name (Inture & Tourse Access	CERTIFIC icer: I certif (Last, First, itle	EATION  fy this training me Middle Initial)  Do be completed by	eets regulato	b. Phone nu	nents.	de area code)
<ul> <li>a. Typed Name (Last, First, Middle</li> <li>c. Signature &amp; Title</li> <li>34. Authorizing Official</li> <li>a. Action (X one)</li> </ul>	Initial)	b. Phone r	on D - APPR prerequisites. number (Include	area code)  d. Date  (2) Disapproved	33. Trai a. Typed c. Signa 35. Cou	NCE / Ining Offid Name (Inture & Tourse Acceptal)	CERTIFIC icer: I certif (Last, First, Title eptance (To	CATION  fy this training me  Middle Initial)	eets regulato	b. Phone nu	nents.	de area code)
a. Typed Name (Last, First, Middle     c. Signature & Title  34. Authorizing Official	Initial)	b. Phone r	on D - APPR prerequisites. number (Include	area code)  d. Date  (2) Disapproved	33. Trai a. Typed c. Signa 35. Cou	NCE / Ining Office of Name (Interes of Acceptance)	CERTIFIC icer: I certif (Last, First, ittle eptance (To ted accepted	fy this training me Middle Initial)  be be completed by  c. School Offici	eets regulato	b. Phone nu	nents.	de area code)
<ul> <li>a. Typed Name (Last, First, Middle</li> <li>c. Signature &amp; Title</li> <li>34. Authorizing Official</li> <li>a. Action (X one)</li> <li>b. Typed Name (Last, First, Middle</li> </ul>	Initial)	b. Phone r	on D - APPR prerequisites. number (Include	area code)  d. Date  (2) Disapproved area code)	NCURREI  33. Trai  a. Typed  c. Signa  35. Cou	ning Offi d Name ( ture & T rse Accep a. Accep b. Not A	CERTIFIC icer: I certif (Last, First, ittle eptance (To oted accepted appletion (To	fy this training me Middle Initial)  be be completed by c. School Official	eets regulator  / school official Signature	b. Phone nu	nents. umber (Includ	de area code)  d. Date  d. Date
<ul> <li>a. Typed Name (Last, First, Middle</li> <li>c. Signature &amp; Title</li> <li>34. Authorizing Official</li> <li>a. Action (X one)</li> </ul>	Initial)	b. Phone r	on D - APPR prerequisites. number (Include	area code)  d. Date  (2) Disapproved	33. Trai a. Typed c. Signa 35. Cou	ning Official Name ( ture & T  rse Accep a. Accep b. Not A  rse Com  rrse was this sec	CERTIFIC icer: I certif (Last, First, ittle eptance (To oted accepted upletion (To not comple tion blank, a	fy this training me Middle Initial)  be completed by c. School Office be completed by ted, X this box, and return this	eets regulator  / school official Signature	b. Phone nu	nents. umber ( <i>Includ</i> ompletion	de area code)
<ul> <li>a. Typed Name (Last, First, Middle</li> <li>c. Signature &amp; Title</li> <li>34. Authorizing Official</li> <li>a. Action (X one)</li> <li>b. Typed Name (Last, First, Middle</li> <li>d. Signature &amp; Title</li> </ul>	Initial) (1) Ap	b. Phone r	on D - APPR prerequisites. number (Include	d. Date  (2) Disapproved area code)  e. Date	33. Trai a. Typed c. Signa 35. Cou	ning Offid Name ( ture & T  rse Accep b. Not A  rse Com rse was this sec with an	CERTIFIC icer: I certif (Last, First, ittle eptance (To oted accepted eptetion (To accepted eptetion blank, a explanation	fy this training me Middle Initial)  be completed by c. School Office be completed by ted, X this box, and return this	eets regulator  / school official Signature	cial)  ial)  Actual Co	nents. umber ( <i>Includ</i> ompletion	d. Date  d. Date  c. Grade
<ul> <li>a. Typed Name (Last, First, Middle</li> <li>c. Signature &amp; Title</li> <li>34. Authorizing Official</li> <li>a. Action (X one)</li> <li>b. Typed Name (Last, First, Middle</li> </ul>	Initial)  (1) Ap Initial)	b. Phone r	on D - APPR prerequisites. number (Include	area code)  d. Date  (2) Disapproved area code)	33. Trai a. Typed c. Signa 35. Cou	ning Offid Name ( ture & T  rse Accep b. Not A  rse Com rse was this sec with an	CERTIFIC icer: I certif (Last, First, ittle eptance (To oted accepted eptetion (To accepted eptetion blank, a explanation	fy this training me Middle Initial)  be completed by c. School Office be completed by ted, X this box, and return this	eets regulator  / school official Signature	cial)  ial)  Actual Co	nents. umber ( <i>Includ</i> ompletion	de area code)  d. Date  d. Date
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